

2003

INFORMATION FOR THE **DICK FRENCH MEMORIAL (DFM) SCHOLARSHIP** APPLICANTS

The same application is being used for both Associates and Dick French Memorial (DFM) Scholarships.

If you are applying for a DFM Scholarship, please make a note of that on the front page of your application. Eligibility requirements are as follows:

1. Are at least $\frac{1}{4}$ American Indian/Alaskan Native and/or are a recognized member of a federally recognized tribe.
2. Planning to be a full-time undergraduate or graduate student at an accredited 4-year college/university or a full-time student at a 2-year college enrolled in a program leading to an academic degree.
3. Planning to major in an environmentally-related discipline: Biology, Forestry, Natural Resource Management, Chemistry, Entomology, Environment Science, Hydrology, and related disciplines.
4. Residence is located within Oregon, Washington, or Idaho.
5. Have a current up-to-date student membership in American Indian Science and Engineering Society (AISES).

Applicants can apply for both scholarships, if the criteria for the DFM Scholarship is met.

2003

APPLICATION FOR THE ASSOCIATES FOUNDATION SCHOLARSHIP

Applicant's Name: _____

PLEASE NOTE THE FOLLOWING:

1. APPLICATION **MUST** INCLUDE THE FOLLOWING ITEMS:
APPLICATIONS WITHOUT THIS INFORMATION **WILL NOT** BE
CONSIDERED.
 - a) School Transcript (most recent);
 - b) Copy of the front and back of the cover sheet of the parents most recent Federal tax return, and of Schedules A and B, if used; and
 - c) Financial statements. (Attached to this application).
1. Applications with the above information must be postmarked by April 1, 2003, or hand-delivered to a Committee member by April 4, 2003.
2. Applications must be typed or printed in black ink.
3. It is in the applicants best interest to attach at least **1 letter of reference** from a current teacher or counselor.
4. This document and its attachments will be destroyed after all scholarships are awarded. All information is confidential.
5. Applications must include evidence of parent or guardian's membership in the Associates for the year 2003. **Note: This requirement does not apply for dependents of deceased Associates members.**
6. Application for both Associates and DFM scholarships _____ (check)
Application only for Associates scholarship _____ (check)
Application only for DFM scholarship _____ (check)

CONFIDENTIAL

THE ASSOCIATES FOUNDATION SCHOLARSHIP FUND

The Associates Foundation administers a scholarship fund for the purpose of assisting the **sons and daughters of Northwest Federal Employees Association members**, or in the absence of sufficient qualified candidates, Associates members or their spouses, in securing college or vocational education.

The scholarships are awarded on the basis of the applicant's scholastic achievement, financial need, and promise, as well as such personal qualities as character and leadership ability. In order to be eligible for consideration by the Scholarship Committee, a candidate must meet the following eligibility requirements:

- A. Applicants must be **dependent children of federal Associates members** at the time of application, or **a child of a deceased employee who was a member at time of death**. In the absence of sufficient qualified sons and/or daughters, Associates members or their spouses (or the spouses of deceased members) will be considered.
- B. All other factors being equal, the first consideration will be given to applicants less than 22 years of age.
- C. Applicants need not be high school graduates, but there must be reasonable assurance that the applicant will benefit from a higher education or training.
- D. Applicants must meet the entrance requirements of the school of their choice.
- E. Applicants must have good behavioral background and genuine interest and sincerity in seeking additional education.
- F. The grant, which will not be less than \$500, will be paid by check to the school involved with instructions for disbursement and monitoring. In the event of failure, drop-out, or entrance into the military service by the student, any unused funds remaining in the custody of the school shall be returned to the Associates Foundation Scholarship Fund.

SELECTION OF SCHOLARSHIP WINNERS IS EXPECTED BY THE END OF MAY. CHECKS WILL BE SENT BY MID-AUGUST, IN TIME FOR FALL REGISTRATION.

I hereby apply for a scholarship from the Associates Foundation Scholarship Fund and submit the following information:

1. Name: _____
(Last) (First) (Middle)

2. Home Address: _____
(Street) (City) (State) (Zip Code)

3. Home Phone: _____

4. Date of Birth: _____

5. Full name of parent/guardian who is a current **Northwest Federal Employees Association** member:

_____	_____	_____	_____
(Last)	(First)	(Middle)	(Job Title)
_____	_____	_____	_____
(Division/Agency)	(Routing)	(Phone No.)	

6. **Associates Membership Card No.** _____

7. Home address of parent/guardian: _____
(Street)

(City) (State) (Zip Code) (Phone No.)

8. This parent/guardian is: Employed _____ Retired _____

9. Names of persons living in your home:

Father _____	Brothers (give ages) _____
Mother _____	Sisters (give ages) _____
	Others (how many) _____

10. How many of your brothers and sisters will be in college or post high school training during the next school year? _____

11. Has anyone in your family ever been awarded an Associates Foundation Scholarship?
Yes _____ No _____

If yes; name: _____ Year awarded: _____

HIGH SCHOOL INFORMATION

1. High School attended or attending: _____
Address: _____
Graduation Date: _____
2. High School GPA (current or final): _____
Rank in High School graduating class and approximate number of students
in graduating class: _____
4. SAT scores: Math _____ Verbal: _____
5. Record any other scores received (CEEB, GE, WPCT, etc.): _____

6. What special recognition have you received for outstanding school work
such as honors, prizes, or scholarships? _____

7. List the activities you have engaged in during your high school years. Include
organized out-of-school activities (such as scouting, 4-H Club, church organization,
etc.) as well as those connected with school (class officer, music organization,
athletics, publications, etc.). Indicate the year(s) you participated.

<u>Activity</u>	<u>Special Honors or Offices Held</u>	<u>Year of Participation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COLLEGE INFORMATION

(Complete either Part A or B)

A. IF PRESENTLY ATTENDING COLLEGE:

1. Name and address of college: _____

2. Major field of study: _____
3. Dates attended: _____
4. Present status: Freshman _____ Sophomore _____ Junior _____ Senior _____
5. Cumulative college GPA _____, as of the _____ term.
6. Credits earned: Quarter hours _____ Semester hours _____
7. What special recognition have you received for outstanding school work such as honors, prizes, scholarships? _____

8. List the activities you have engaged in during your college years. Include organized out-of-school activities as well as those connected with school (class officer, music organization, athletics, publications, etc.). Indicate the year(s) you participated.

<u>Activity</u>	<u>Special Honors or Offices Held</u>	<u>Year of Participation</u>
_____	_____	_____
_____	_____	_____

B. If starting college next year:

1. In what college, university, or technical school do you intend to enroll?
1st Choice _____ Applied? _____ Accepted? _____
2nd Choice _____ Applied? _____ Accepted? _____
3rd Choice _____ Applied? _____ Accepted? _____
2. Major field of study: _____
3. How many quarter or semester hours will you be carrying? _____
4. Date school begins: _____

GENERAL INFORMATION

1. Did you earn any money while in high school or college (include summers)?

Yes _____ No _____

What kind of work did you do? _____

Do you own a car? Yes ___ No ___ Balance owed on car \$ _____

2. **Please attach a statement (2 pages or less) telling a little about yourself, why you need this scholarship, how you plan to use the money, and what you plan to do when you finish your higher education.**

3. ***NOTE THAT APPLICATIONS WHICH DO NOT INCLUDE THE FOLLOWING ITEMS WILL NOT BE CONSIDERED:***

- a. **Transcript (most recent).**
- b. **Copy of the front and back of the cover sheet of the parents most recent Federal tax return and of Schedules A and B, if used.**
- c. **Financial statements. (Attached to this application).**

Applicant's Signature

Date

WHEN COMPLETED, THIS APPLICATION SHOULD BE MAILED TO:

Sandi Simpson – TNC-TPP-2
Associates Foundation Scholarship Committee
P O Box 61409, Vancouver, WA 98666-1409

or hand deliver to

Sandi Simpson, TNC/TPP-2, Van Mall Campus, Vancouver, WA,
Dale Prill, TI-CSB-2, Ross Complex, Vancouver, WA
Jon French, TOE-PPO1-2, Van Mall Campus, Vancouver, WA
Eileen Jensen, TNFB-OPP-1, Van Mall Campus, One Park Place
Karen Graves Prych, Foundation Rep., PSW-6 (2L23) BPA HQ

(360) 619-6285
(360) 418-8722
(360) 619-6621
(360) 619-6748
(503) 230-3194

FINANCIAL DATA SHEET #1 - CONFIDENTIAL

ASSETS

- A. Parents or guardians total gross income (include bonds, interest, dividends, etc.). *(PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE COVER SHEET AND SCHEDULES A & B (IF USED) OF PARENT'S MOST RECENT FEDERAL TAX RETURN (IRS Form 1040).* \$ _____
- B. Parents or guardians total savings, less IRAs (e.g. savings accounts, stocks, C.D's, bonds). \$ _____
- C. Net income from ownership of other investments (real estate, business, etc.). Specify _____. \$ _____
- D. Students savings (savings account, bonds, cash, etc.). \$ _____
- E. Of the sum in "D", amount budgeted for this school year. \$ _____
- F. If you know you will be working during the summer or school year, estimate earnings from the present to the start of the next school year. \$ _____
- G. If you have received other scholarship(s), indicate the value for one academic year. \$ _____
- H. Estimate the amount your parents will be able to contribute (in cash) for one academic year (do not include room and board if living at home). \$ _____
- I. If you will be receiving aid from other sources such as Veterans (G.I. Bill), Aid to Dependent Children, Vocational Rehabilitation, Social Security, War Orphan, income tax refund, trust funds, etc., indicate the amount per year. \$ _____
- J. If you will have income from any other source not covered above, indicate the amount. \$ _____
- TOTAL: SUM OF "E" THROUGH "J"** \$ _____

I certify the above to be correct and complete to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____

FINANCIAL DATA SHEET #2 CONFIDENTIAL

LIABILITIES AND NEEDS (Estimate where necessary and indicate as an estimate)

A.	Home if owned by parents or guardians.	
	Purchase price \$_____ Present market value	\$_____
	Unpaid balance	\$_____
B.	Monthly mortgage or rental payments on family residence	\$_____
C.	Other family indebtedness: (i.e., car, furniture, etc.)	\$_____
D.	Approximate amount to be paid for "C" during school year	\$_____
E.	Other family liabilities not listed (i.e., medical bills, payment on damage suits, alimony, etc.)	\$_____
F.	Student's tuition and fees	\$_____
G.	Board and room (leave blank if living at home)	\$_____
H.	Books and supplies	\$_____
I.	Clothing	\$_____
J.	Laundry and cleaning	\$_____
K.	Insurance	\$_____
L.	Medical and dental	\$_____
M.	Travel	\$_____
N.	Organizations	\$_____
O.	Recreation	\$_____
P.	Personal supplies	\$_____
Q.	<u>Other</u> (describe)	\$_____
	TOTAL EXPENSES: SUM OF "F" THROUGH "Q"	\$_____

I certify the above to be correct and complete to the best of my knowledge.

Signature of Parent/Guardian _____ **Date** _____

Signature of Applicant _____ **Date** _____